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Homeopathy: Discussion for the Desubjection of Medical Knowledge

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ABSTRACT: The discursive practices of biomedicine tend to lead to effects in which individuals subjectify themselves as reified bodies in which there is a disjunction in relation to the psychic, taking the body as independent of the context where the relationships of living with their historicities are processed. From a different perspective, we bring discussions about another view of the body, which integrates mind and body in the processes of understanding existence and illness, from a historically subject point of view, namely, Homeopathy as a medical rationality. The importance of this discussion arises from the search for a dynamic understanding of the disease, based on a discussion about some bases of body vitalism that incorporates the subject's mind and body, thus being able to pave the way for another type of care, which takes into account the existential mode beyond a body structured into organs.

I - INTRODUCTION

In this article, we seek to raise issues relating to medical truths in the field of biomedicine, as well as to make another medical knowledge, Homeopathy, speak in relation to the notions of the body, illness and health care.

Biomedicine is a field of knowledge in the field of health care and the body. The discursive practices of biomedicine tend to lead to effects in which individuals are subjectivized as objectified bodies, structured in organs, which exist independently of the context in which the relationships of living with their historicities are processed. Organic bodies whose configuration and effects perceived by subjects do not depend on the incorporation of psychic processes into the very understanding of what a body and a subject are. Bodies explained through a biological determinism of physiological, molecular and genetic mechanisms as cause and effect, producing a naturalized and essentialized knowledge about the bodily condition of both physical and psychological phenomena. In the processes of illness, subjects are defined as carriers of disease, as if this were alien to the body or part of a nature exclusively of the organic structure. For biomedical knowledge, the symptom-disease relationship can be reduced almost exclusively to the effects of an anatomical and physiological interpretation of the body.

From a different perspective, we discuss another view of the body. A view that integrates mind and body in the processes of understanding illness, based on historically subjected medical knowledge, namely Homeopathy. To this end, we initially present the historical context of the birth of anatomoclinics and its transformations into the contemporary configuration of biomedicine, linked to some crossings of power and knowledge that permeated society between the 18th and 19th centuries. This perspective can contribute to understanding the clash between the knowledge of a medicine aimed at the population through new concepts of disease in the anatomical body and a vitalist aspect of medical practice. In those circumstances, we will

discuss how certain medical knowledges were subjected to the new truth about the body, namely, initially, classificatory medicine, but above all, that which developed later, Homeopathy, which incorporated elements of Aristotelian vitalism in counterpoint to the anatomical view of the body.

We will discuss the vitalist approach, which offers a different understanding of the body and mind in the process of becoming ill, and which can also manifest a possibility of care that presents itself as transformative of the self. In order to do this, we will then reflect on possible relationships between the concepts of soul/psyche present in Aristotle and the vital principle outlined by Hahnemann in his approach to the process of becoming ill.

The importance of this discussion stems from the search for an understanding of illness that incorporates the subject's mind and body in a single, existential event, both in the diagnosis of the illness and in its therapeutic possibilities, which could open the way to another type of care that takes into account the existential way beyond a body structured in organs. The incorporation of vital processes as an existential dynamic in the subject's life and their possibility of producing effects in a vitalist medical practice can provide reflections on the body and the creation of practices of resistance to the currently hegemonic biomedical knowledge. From this perspective, the next section of the article will discuss the possibility of thinking about another form of self-care that is ethical and aesthetic in shaping the lives of individuals.

II - MEDICAL KNOWLEDGE AND ITS CLASHES IN THE 18TH AND 19TH CENTURIES

The 18th century was a time of great social, economic and political transformations that shaped the clashes over medical practices and knowledge that prevailed at the time. Faced with a growing process of urbanization, the constitution of modern states in Europe, the promotion of commercial exchange between different countries in the exploration of trade routes never explored before, migratory processes between peoples as a result of this economic movement and the reformulation of an entire legal and juridical apparatus, the population and its biological phenomena - such as birth, morbidity, mortality and endemic diseases - did not escape becoming the object of study in this new way of organizing life. It became necessary to transform the way we look at the body and to establish medical-therapeutic knowledge aimed at controlling, medicalizing and normalizing the population diseases that were beginning to be described by this knowledge. There were intense debates, mainly between two doctrinal currents in medicine linked to the Enlightenment, vitalism and mechanicism, even though both claimed to be Hippocratic in their origins and claimed to be the theoretical truth about illness and health.

Vitalism argued that the organism could not be considered as the sum of its mechanically related organs, but that there was a vital agent maintaining the integrity of the organism and its functions. Since this agent is not a material force in the vital dynamic, the laws of organ mechanics could not explain the manifestations of the living. For the followers of the mechanistic current, the body would be a well-organized physical and material structure, regulated according to Cartesian philosophy. These classic antagonistic positions stemming from the medicine practiced in ancient Greece - the Aristotelian-inspired vitalists and the atomists of Democritus together with the anatomists of Galen - could be seen as historical references for the differences between the knowledge of homeopathy and anatomoclinics. Furthermore, Homeopathy was constituted as vitalist medical knowledge at the end of the 18th century, concomitant with the advent of anatomoclinics, and, as we shall see, the former was marginalized by the knowledge produced by the latter.

The debate was complex and heterogeneous, with nuances in the demarcation of their fields of knowledge, often uncertain and imprecise, given that some vitalists contributed significantly to, for example, knowledge of embryogenesis, as did Bichat, another renowned vitalist, in his collaboration for the production of anatomoclinical discourses (CANGHILHEM, 2012). On the other hand, there were materialist doctors who

anchored their practices in the methods of classificatory medicine (FOUCAULT, 2004), at the time abandoned by others who were affiliated with the knowledge of the recent and innovative anatomoclinics. However, we will see that, paradoxically, some of the concepts of that classificatory medicine served to generate a different way of perceiving illness and another understanding of the body's symptoms, by considering the synchronicity of the set of symptoms experienced in living with the illness to be significant, becoming a characteristic precept of Hahnemannian vitalism. These clinical events, horizontal and concomitant, not structured vertically in the body's anatomy, would be significant in living through the process of becoming ill as a subject, unlike anatomical medicine, which began to investigate the body in its organic interiority, conceiving of illness as an alteration in anatomical structures.

According to Foucault (2004), the transformation that took place in medical practice and in medical knowledge as a whole at the end of the 18th century and the beginning of the 19th century, in the configuration of what was known as anatomoclinics, followed a non-linear course in the conformation of its statements. At the same time, he states that this transformation was not merely the result of progressive scientific discoveries about an objective reality, but due to a change in outlook, with comings and goings in the production of knowledge and in the valorization of certain discourses about the processes of illness, in order to produce medical knowledge that was compatible with the social and political demands of the time. It was a new cut in the view of disease: from an empirical classification of classificatory medicine to a view centered on the anatomy of the organic structure, creating a new view of the body implicated in the social and political demands of the time.

There was nothing very smooth and linear about the configuration of the new space for medical practice. According to Foucault (2004), there was an

> "opposition between a medicine of pathological species and a medicine of the social space... [demanding] a phenomenon of convergence between the demands of political ideology and those of medical technology. Doctors and statesmen demanded in the same movement and in a sometimes similar vocabulary, even if for different reasons, the suppression of everything that could be an obstacle to the constitution of this new space (FOUCAULT, 2004, p. 41)",

for medical practices in the 8th and 19th centuries, as those who understand the historical process of medicine as a simple process of progressive scientific discoveries might believe. Medical practice centered on the anatomical body evolved with other movements of cuts and recuts in the processes of constructing its knowledge, demonstrating the non-linearity of the constitution of knowledge. For example, Foucault (2004), when discussing Laënnec (1781-1826), in his concepts after Bichat, and trying to demonstrate the cuts that anatomoclinics presents in its development, shows his concerns about the

> "pathological anatomy as a science whose objective is the knowledge of the visible alterations that the state of illness produces in the organs of the human body. The opening of cadavers is the means of acquiring this knowledge; but for it to be of direct use (...) it is necessary to add to it the observation of the symptoms or changes in functions that coincide with each kind of organ alteration" (FOUCAULT, 2004, p. 149),

when it was associated with symptoms related to the pathological state. This is also the case with other later developments in the clinic, such as, for example, in the second half of the 19th century, in relation to Claude Bernard (1813-1878) who undertook experimentalism in biology in order to understand physiological processes. Bernard's method, which consisted of observation-hypothesis-experiment-result-interpretation-conclusion, historically constituted another foundation of biomedicine, presenting a rupture in the then static anatomy/symptom relationship, towards a dynamic way of observing the phenomena of organ activity. It can be said that Bernard, in his experimental work, sees medicine as the science of disease and physiology as the

science of life. It was from him that the whole universe of investigations began, culminating in today's molecular and genetic research into the body.

It was in this historical context of the affirmation of anatomoclinics as a medical practice capable of satisfying social and political demands that Homeopathy also emerged as another form of medical knowledge, through Hahnemann's writings, especially the Organon of the Art of Healing, published for the first time in 1810. The historical path of this medical practice will be one of clashes, sometimes more tense, sometimes less, with anatomoclinics, which would become hegemonic by being able to generate, through its knowledge, the essential and inevitable new population studies of illnesses (FOUCAULT, 2004).

This understanding of the construction of medical truths opens up the possibility of observing medical knowledge as a product of an era and of a set of statements about the body that configure categories and organizations of illness that can be disciplined in hospitals according to the pathological alterations they present. A medical truth was produced that generated knowledge/power effects, controlling and manipulating the body in new hospital arrangements for the care of illness and the production of a new architecture for the body, segregating individuals by disease names, generating a field of universalizing truths potentially applicable to the cataloguing and disciplining of populations in order to recover the body for the possibility of reinserting it as soon as possible into the market of economic relations.

Medical knowledge as the truth about the body was constituted as a historical production, crossed by relations of knowledge and power, imbricated with the position and objective that generated its production. The idea that the truth or knowledge about illness is related to an unequivocal fact of objectivity is, in itself, an element of power contained at the heart of this assertion in the sense of disciplining the knowledge produced by subjugating any other knowledge produced about it. In order to question this objectivity as truth in itself, Orellana (2004) states that "in fact, there is no single and universal truth, but this does not exclude the material presence of a plural and local truth" (p. 334). Therefore, what is called truth, especially everything that refers to knowledge of the body, has contexts, historicities, discontinuities, relativities, always from the point of view of those who enunciate it and the position from which it manifests itself.

The point is that, among the currents of medical thought that emerged in that period, anatomoclinic predominated, as it was compatible with the political and social needs of the time, subjecting other currents, among them Homeopathy.

III - HOMEOPATHY: SUBJECTION AND ITS RELATIONSHIP WITH VITALISM

Homeopathy developed against the backdrop of the construction of anatomoclinical discourses, and was historically transformed into subjected medical knowledge. As an instrument for highlighting and expressing subjected knowledge, Foucault's genealogy (2005) states that it is a matter of seeking to develop research projects on the

> "insurrection of 'subjected knowledge'. And by 'subjected knowledge', I mean two things. On the one hand, I mean, in short, historical contents that have been buried... [while] blocks of historical knowledge that were present... Secondly, by 'subjected knowledges' I also mean a whole series of knowledges that were disqualified, as non-conceptual knowledges, as insufficiently elaborated knowledges: naïve knowledges, hierarchically inferior knowledges, knowledges below the level of required knowledge or scientificity" (pg 11-12).

Thus, we look at Homeopathy, both in its "universal" history and in its history in Brazil, drawing attention to its constitution as a medical knowledge subject to biomedicine. In Brazil, since Benoît Mure landed on a colonial license, occupying an area on the Sahy Peninsula in Santa Catarina and founding the

Sahy Homeopathic Institute, many events have marked the evolution of Homeopathy in our country. According to Madel Luz (2014) ,

> "[homeopathy] went from being marginalized medical knowledge to a medical specialty. From being the 'medicine of our grandparents', it has become an up-to-date therapy, because it is integral, 'holistic', respectful of the ethics of doctor-patient relationships, close to nature, etc. Finally, it is now seen as a medical rationality in tune with the cultural changes of the end of the last millennium - and the beginning of this one - and seeking to take its place in the current debate on medicine as the art of healing" (p. 12).

In fact, resolution no. 1000/80, reaffirmed by resolution no. 1295 of June 9, 1989, of the Federal Council of Medicine (BRAZIL, 1980) recognized Homeopathy as a medical specialty since 1980 and, in 2006, through Interministerial Ordinance 971/2006 (BRAZIL, 2006), the Ministry of Health presented the National Policy for Integrative and Complementary Practices (PNPIC) in the Unified Health System (SUS), which meets the need to incorporate and implement sparse experiences that already exist in the public network. However, according to Madel Luz,

> "corporations linked to biomedicine maintain an institutional hegemony strongly based on 'technical' or 'scientific' arguments (...), imposing a single method of investigation to 'prove the scientificity' of knowledge and practices within the biomechanical standard" (LUZ, 2014, p. 13-14).

In this way, some medical practices, such as homeopathy, remain marginalized to this day, despite all the movements that have sought to institutionalize them. The struggle to legitimize homeopathic practice as a medical art has been ongoing since 1840, without, however, succeeding in transforming this knowledge into a legitimate field of knowledge and practices about the body and illness.

We discuss homeopathic practice as a vitalist medical experience. By making homeopathy speak, presenting its knowledge and discussing possible actions, we intend to bring elements to think about practices of resistance and desubjectification of knowledge that point to care in the context of self-government and in the field of a medicine for the subject.

In order to argue the vitalist hypothesis of homeopathy and its historical conversion into an autonomous and legitimate medical practice, I will initially turn to Samuel Hahnemann's seminal work, the Organon of the Art of Healing[1]. I chose this work by Hahnemann because of its importance as an instrument to guide medical work and as a philosophical foundation for homeopathic practice. This work is based on Hippocratic and Aristotelian principles in three basic guidelines: the first is the use of the Hippocratic vix medicatrix naturae, which points to the body's ability to express itself as a medicine. That is

> "a self-regenerating power, where preservation and maintenance are privileged; [in which where] the possibility of healing is immanent and understood as a recovery, and depends on decisions to be decisions to be made about the regime of life, in order to better maintain the natural order. (NASCIMENTO; NOGUEIRA, 2014, p. 82)

The second guideline concerns the manifestation of the soul as Aristotle argues, in his Peri Psyches (De Anima), about the manifestation of the soul in unity with the body, in the conception that both manifest their activity through the unity between the action and sensations of the existential living being.

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[1] Cristian Friedrich Samuel Hahnemann published the first edition of the Organon of the Art of Healing in 1810. Born April 10, 1755 in Meissen, Germany. He led a life of intense intellectual production with several translations of medical materials, chemical treaties and written production of books on his medical theory. He had a nomadic existence always accompanied by his large family, moving cities, under constant friction with his peers in medicine who did not accept his thesis similia similibus curantur, similar cure, in addition to misunderstanding the action of infinitesimal doses. After the death of his first wife, he met and married Marie Melanie and then took up permanent residence in Paris when he was almost eighty. He died on July 2, 1843 with some recognition resulting from his cures in the typhus and cholera epidemic in 1831 in the survivors of Napoleon's attack on Leipzig. (FRANÇOIS-FLORES, 2014)

The third guideline concerns the Aristotelian conception of the use of the body (chrestai, chresis), according to Giorgio Agambem's understanding of the use of one's body as a laboratory for one's life in health or illness. In other words, the use of one's body as a device for illness, on the one hand, or, on the other, in the practice of self-care, in order to build an ethical vital process of a type of existential self-government. Of course, this separation is apparent and didactic, since the processes are amalgamated and lived as existential experiences.

a) Looking at the simultaneity of the body: Hahnemann's vitalism, the vix medicatrix naturae and possible relations with so-called classificatory medicine

Hahnemann's vitalism established itself as a strand of vitalist medical knowledge based on Hippocratic observations of the behavior of the vix medicatrix naturae. Nascimento and Nogueira (2014) define this Hippocratic concept in this way: "the power of each being to reconstitute itself or keep itself intact, in a relationship of harmony in coexistence with other beings." The vix medicatrix naturae thus expresses a self-regenerating power, where preservation and maintenance are privileged; the possibility of a cure depends on decisions to be made about the regime of life, in order to maintain the natural order. Its manifestation is therefore observed in the simultaneity of all the body's phenomena, both from the point of view of symptoms and its self-regenerating healing movements. In other words, in different directions, that of getting sick or self-regeneration, the body expresses its vital flow in the simultaneous totality of its events. According to Rebollo (2006), with regard to the flow of the vix medicatrix naturae, each natural object, and the body in particular, behaves in its own dynamis as an object of observation and control by the Hippocratic physician: "(i) dynamis of the totality of the human individual, that is, of body and soul; (ii) dynamis of age and sex; (iii) dynamis of each organ that manifests a general or particular vital activity; (iv) dynamis of human activities and habits; (v) dynamis of food; (vi) dynamis of medicines; (vii) dynamis of symptoms and diseases; (viii) dynamis of seasons, climates and regions" (p. 55). Characteristics present in Hahnemannian vitalism, such as dynamis and Vital Force, with regard to this section, it is important to discuss the items that support a vision of the body in which its manifestations are all concomitant, synchronous, regardless of whether they are physical or mental, and significant of the characteristics of the illness.

The plane of the simultaneous in the manifestations of symptoms was part of the semiological approach of the medical practices of what Foucault (2004) calls classificatory medicine. In this conceptual approximation between the classificatory, materialist school and Hahnemannian vitalism, we do not intend to state that Hahnemann followed the classificatory school, which his introduction to the Organon of the Art of Healing makes clear by delimiting his differences with this school. However, I am trying to establish correlations between some elements of human semiology practiced by classificatory medicine and some principles of Homeopathy in order to point out certain characteristics of the classificatory school present in Hahnemann's vitalism, in the way he used it to observe illness and thus characterize the complexity of the construction of Hahnemannian thought. Hahnemann's semiological guidelines, when investigating illness, also emerged as ruptures to the multiple medical knowledge validated at the time. Although different from mechanicism and materialism, and therefore very averse to the practices of classificatory medicine and the new anatomo-clinical moment, Hahnemann did not fail to observe the plan of the perpetual concomitance of symptoms resulting from the movement of vitalist dynamis.

So let's see. Historically, even before the construction of Homeopathy, unlike the nascent pathological anatomy in which the statements configured the space of localization of the disease in the organic body, for classificatory medicine the way in which symptoms were configured was different. According to Foucault (2004, p. 2), "Never has the space of configuration of the disease been freer, more independent of its space of localization". For classificatory medicine, which closely preceded and in many circumstances coexisted with

the anatomo-clinical method, "before being taken in the thickness of the body, disease was hierarchically organized into families, genera and species" (FOUCAULT, 2004, p. 2); in other words, from the conformation of a picture or a genre of illness, an image of illness in which what mattered were the conditions of the sick subject in their concomitant symptomatic manifestations and independent of references to organs. Illness was perceived not in organs, but in spaces of manifestation enunciated by the experience of sick subjects characterized by the simultaneity of the symptomatic event, as well as in the natural history behaviour of the evolution of symptoms. What mattered was observing every detail of the altered sensations and functions perceived by those experiencing illness, associated with the set of distinguishable events experienced as suffering from illness, regardless of where they were located in the body. These would be, according to classificatory medicine, the unique and individual manifestation of the illness; in other words, "[t]he main structure that classificatory medicine attributes to itself is the flat space of the perpetual simultaneous." (FOUCAULT, 2004, p.5).

The study of each case was based on the spontaneous manifestation of symptoms in the order of the subject's experience and how the symptoms evolved in the patient's life as "a decalogue of the world of life (...) life is recognized in the disease, since it is the law of life that, moreover, founds knowledge of the disease" (FOUCAULT, 2004, p. 6).

Foucault adds that in the technique of classificatory medicine,

> “the main disturbance is brought about by the patient himself (...) [who] adds as a disturbance his disposition, his age, his way of life and a whole series of events that appear as accidents in relation to the essential nucleus, [in which] it is not the pathological that functions in relation to life, as a counter-nature, but the patient in relation to the disease itself” (FOUCAULT, 2004, p. 7).

In this sense, these Hippocratic characteristics of classificatory medicine were configured in the pure and simple observation of the phenomena of the body falling ill - similar to what happened in its self-regenerating processes -, manifested in the narrated totality of feeling and needed to be based on monitoring its evolution, in other words, on "following step by step the paths that nature takes (...); [in other words] the disease in him only exists to the extent that he constitutes it as nature". (FOUCAULT, 2004, p. 8), the Hippocratic pillar of observation.

Another characteristic of classificatory medicine's view of the processes of illness is that "the fact that an organ is affected is not absolutely necessary to define a disease, it can go from one point of localization to another, take over other body surfaces, while remaining identical in nature". (FOUCAULT, 2004, p. 9). In this case, what matters is the synchronicity of the events experienced by the subject as illness, the flows of its manifestation, the experience of becoming ill, the interweaving of multiple symptoms and the amalgamation and interfaces of the experience perceived by the subject in relations with the environment in which they live. Furthermore, it can be inferred from what Foucault tells us above that the definition of illness can also find enunciative space and validation in the legitimacy of the altered sensations and functions perceived and narrated by the subject who falls ill, i.e. illnesses perceived in the existential movement, without altered physical, laboratory or imaging tests. In order to understand the process of illness experienced by the subject, the key would be to listen to what the patient has to say. For classificatory medicine, according to Foucault (2004),

What makes the essential 'body' of the disease [in classificatory medicine] is therefore not the points of localization (...) it is above all the quality [of the symptoms experienced] (...) the disease and the body only communicate through the non-special element of the quality [of the symptoms]. (p. 12)

Illness could then be understood as the quality of a bodily experience and not as the perception of a diseased organ. This way of looking at illness led us to perceive an intersection between classificatory medicine and

Homeopathy, because for both, the process of qualitative singularization of the history of illness is crucial in approaching an understanding of illness.

In this regard, Hahnemann wrote in paragraph 18 that

> "there is nothing in diseases, apart from the totality of the symptoms and their modalities, that can be found that expresses the need for intervention to help the disease, [and] it is undeniably clear that the essence of all the perceived symptoms and circumstances in each individual case of disease is the only indication, the only denoter of the means of cure to be chosen" (HAHNEMANN, 1996, p. 80).

For Hahnemann, the semiological investigation in search of the qualitative singularity of the illness looks like this:

> "Once the totality of the symptoms that particularly characterize and distinguish the case of illness has been accurately recorded, (...) the most difficult part of the work is completed. The healing artist then has the image of the illness always before him during the treatment" (HAHNEMANN, 1996, p. 144).

It's important to note that this image is produced through the patient's narratives and not through bodily and organic images as such. They are self-images of how the subject perceives themselves to be ill, in their own sensations, connections, impressions, beyond the names of pathologies. This type of narrative presents a vision of experience that is not related to a mere accumulation of information about an objective reality. It's about getting sick as a human experience of living as "the possibility of something happening to us or touching us." (LARROSA, 2002, p. 24). He quotes Heidegger:

> "(...) to have an experience with something means that something happens to us, reaches us; that it takes hold of us, overtakes us and transforms us. When we talk about 'making' an experience, this doesn't mean precisely that we make it happen, 'making' here means: suffering, suffering, taking what reaches us receptively, accepting, as we submit to something. Making an experience means, therefore, letting ourselves be approached by what challenges us, entering into it and submitting to it; we can thus be transformed by such experiences, from one day to the next or over the course of time" (HEIDEGGER, (1987), p. 143 apud LARROSA, 2002, p 25).

From this perspective, the homeopathic interview is characterized by being thorough in its search for the quality of symptoms and altered sensations. It is essential to understand the patient in their relational life with others and with the environment. Symptomatic concomitance is often more significant for understanding suffering than the organic location of the pathology. This scenario allowed Hahnemann to conceptualize illness as an existential totality, a unique event in the experience of the subject who falls ill, because, in this context, the concurrence of intensities such as sadness, fear and other affections of the mind with what is felt physically, pain or physical dysfunctions, become a single narrated experience of illness.

In this sense, I try to argue that it is possible to say that the vitalism of Hahnemann's medicine historically intersected with certain concepts of classificatory medicine about illness. The history of the formation of knowledge is always complex and heterogeneous, never simple and purist in its structuring. Even if it is not to be confused with it, Hahnemannian vitalism, by drawing on the concept of illness as a global manifestation of the body experiencing disease, is based on the narratives of what the patient feels and not on the organic structures of bodily matter.

b) Hanemannian vitalism and Aristotle: mind/body unity

We'll start by looking at how Hahnemann describes the manifestation of the Vital Force (VF) in his Organon of the Art of Healing (1996):

[In the state of health of the individual, the vital force of a non-material type reigns absolutely, which animates the material body as 'Dynamis', keeping all its parts in an admirably harmonious vital process in its sensations

and functions, so that our rational spirit that dwells in it, can freely use this living and healthy instrument for the highest goal of our existence (HAHNEMANN, 1996, p.73).

> “[§10] The material organism, thought of without the vital force, is not capable of any sensation, any activity, nor of self-preservation; only the immaterial being that animates the organism in the healthy or sick state gives it all sensation and stimulates its vital functions” (HAHNEMANN, 1996, p.73-74)
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> “When man falls ill, it is only because, originally, this non-material force present in every organism, this vital force of its own activity, has been affected through the dynamic influence of a morbific agent, hostile to life; only the vital principle affected in such an abnormality can give the organism the adverse sensations, leading it to irregular functions which we call disease, because this dynamic being, invisible in itself and only recognizable in its effects on the organism... [as] symptoms of disease. [as] symptoms of the disease, there being no other way of making it known" (HAHNEMANN, 1996, p. 74)
>
> “[§12] Only the affected vital force produces diseases, so that it expresses itself in the morbid phenomenon perceptible to our senses, simultaneously, all the internal alteration, all the morbid dystonia of the internal 'Dynamis', revealing all the disease" (HAHNEMANN, 1996, p. 77).

Hahnemann argues that only this immaterial force could give rise to the possibility of sensations which, when affected by unbalanced factors, would be the symptoms of illness. These sensations would be the way the body acts during illness, the action of the body in the illness and its manifestations. Illness, then, displays its form in the dynamics of the subject's sensations, how they experience them and how they have arisen in their life, in the relationships established in life and how they have suffered them. Nothing that occurs in the dynamics of the vital force can be separated from the living body and the perceptions and sensations of the sick person. This opens up the possibility of understanding illness and its therapeutic process as part of the subject's existential movement.

We propose that his inspiration comes from some kind of study that Hahnemann carried out on Aristotle's conception of soul and dynamis, due to the similarities that we will present. As dynamis, Aristotle offers a sense of potentiality to make oneself exist through an innate principle, "to have a being" (AGAMBEM, 2017, p84). In De anima, Aristotle states that there is no way to define the soul as an incorporeal vital principle that animates the body and is independent of it. He argues as follows: "The soul does not seem to be affected nor can it produce any affection without the body" (ARISTOTLES, 2010, p. 403 a5), arguing the inseparability of the manifestations of the psyche from the body. Aristotle states that "the soul is a substance according to a definition, and this is what being is for a body" (ARISTOTLE, 2010, p. 421 b10) at the same time as he states that being is an act, the action of being, "matter is, in turn, potency, while its form is an act" (ARISTOTLE, 2010, p. 412 a10), seeking to correlate activity/action/being. Being, act and form would be, for Aristotle, attributions of the soul. Dynamis, as the potency of being and psykhê as form, act and soul as "being for the body", are part of an Aristotelian conceptual whole. The body appears here as a potency (dynamis) for the manifestation of the soul in the form of attitudes, conduct and bodily movement. For the Greek philosopher, the manifestation of the soul takes place in the actions of a sensitive body that manifests experience in being and doing. Aristotle exemplifies this by emphasizing that the sense of smell only makes sense when it is perceived as a smell in the soul's experience. If hearing, sight, smell and touch refer to the body, seeing, hearing, smelling and touching refer to experience, to action and, therefore, to the soul.

The studies of these Aristotelian principles allow us to think that it was on these experiences of sensations, of feeling, that Hahnemann based his perceptions of illness as dynamis. Thus, for Hahnemann, illness would be the effect of the dynamic power of a Vital Force manifesting itself in the being that would always act in unison, both the body's structure and the body's experience of being as effects of psykhê.

For Hahnemann, this existential unity between mind and body was evident:

> “the so-called psychic and mental illnesses (...) do not, however, constitute a class clearly isolated from all the others, because in all the others, the so-called physical illnesses, the psychic and mental disposition is always changing and, in all cases of illness that must be cured, the psychic state must be one of the most notable in the characteristic set of symptoms” (HAHNEMANN, 1996, p. 194-195).

In other words, if for Aristotle the soul is movement, for Hahnemann the body is not "thought without the vital force, [because it] is not capable of any sensation" (HAHNEMANN, 1996, p73) and sensation is flow and intensity. The movement of illness, by modifying the existential becoming, according to Hanemannian vitalism, presents itself as an alteration of the VF, in which psychic events are fundamental and characteristic manifestations of the process of becoming ill. This establishes an intense articulation between the Vital Force, dynamis, sensations, activity and illness. This would be a heterogeneous event with multiple articulations that would disturb the existential totality of the individual in the way they know themselves and subject their illness, how they enunciate their suffering, regardless of the organic location of the pathology. The body can't get sick without the concomitant emotional suffering. In other words, for Hahnemann, the events of an illness occur concomitantly and both are the translation and manifestation of an alteration in the VF, which is dynamically shaken. According to him, it was in the psychic that the most characteristic and singular representative of the patient's susceptibility would manifest itself.

Therefore, for the German doctor, it would be crucial in understanding the illness to study the psychic disposition and the psychic and mental conditions of the patient (HAHNEMANN, 1996, p. 135-136); if there were events that disturbed the subject such as unhappy loves, jealousy, unhappiness, worries, sadness, mistreatment, revenge, frustration, wounded pride, economic problems, fears, hunger (HAHNEMANN, 1996, p.139) and their usual occupations, way of life, diet, domestic situation (HAHNEMANN, 1996, p.139).

It would be in this context of body and dynamis that Hahnemann would base his concept of vital force on Aristotelianism to affirm the inseparable unity of body and mind and thus establish a specific semiology for investigating singular illnesses. A health care practice that is unique to the subject, based on the patient's own narratives. These practices in medicine have never managed to be applicable to the needs of a medicine of populations and have ended up being, due to the social and political demands already discussed, susceptible to subjection through biomedicine.

c) What is the use of the body?

The links I am trying to establish between Hahnemann and Aristotle are not limited to an understanding of the relationship between mind and body, nor to how the processes of bodily illness are perceived in people's experiences. In this sense, I intend to start a discussion about the use of one's own body, both in terms of the use of the body in the sense of becoming ill, and in terms of the possibility of constructing self-care.

In the last volume of Homo sacer, with regard to the relationship between body and soul in Aristotle, Agambem (2017) argues that:

> “the relationship between being and having [between soul and body] is actually more intimate and complex. Hexis, potency as habit, is, according to Aristotle, one of the ways in which being-says-itself. In other words, it indicates the state of being as attributed to a subject. What we have in the hexis is a certain way of being, a 'diathesis', a being arranged in a certain way. This being-that-has-itself is called by Aristotle dynamis, potency, and dynatos, potent, it is the one who has that certain state and that certain being... it is 'having a being'” (AGAMBEM, 2017, p. 83-84).

According to Agambem (2017), "having" a body and "being" a subject with a free soul was an important issue for Aristotle and, in this context, it is important to appreciate the concept of the use of the body.

The use of the body for the Greeks, in the vital sense of becoming a subject in the polis, was an object of reflection for the Greek philosopher. In the Greek regime of slavery, the objective of the subjects in the polis was to seek to be free for their free thinking, nothing more to do than to think about their existential conditions as citizens. The prevailing conception was that the slave's body, as a possession of the master, was part of the master's own body, which was used in the construction of the community and the polis (not only for the master's own benefit). Thus conceived, the master's "body" was used in the community's works, carrying out the master's work for the community, leaving him with a free soul to live and think with his peers in assemblies or philosophical groups. The slave existed as a bodily use of the master so that the master could spend his time on the delights of the soul and reason. "In a subjective sense, in the slave man, the body is in use just as in the free man the soul is at work according to reason. The strategy that leads Aristotle to define the slave [object - body] as an integral part of the master [free man - soul] shows its subtlety. By putting his own body to use, the slave is therefore used by the master, and by using the slave's body [to the exact extent that it is the extension of the master's corporeality, i.e. the slave is part of the master's bodily representations], the master [by using the slave's body] actually uses his own body" (AGAMBEM, 2017, p32).

This use of the body, in order to become a subject, is shown through the polysemy of the verb chrestai, in the relationship between master and slave. According to Agambem (2017), the concept surrounding the verb chrestai refers to an action in which the subject "performs something that is performed on him" (AGAMBEM, 2017, p. 46), or even, "the subject who performs the action, by the very fact of performing it, does not act transitively on an object, but implies and affects above all himself in the process (...) in which the subject does not go beyond the action, but is himself the place of its happening" (AGAMBEM, 2017 p. 47). Contemporaneously, chrestai, the use of the body as an action that is performed on oneself, no longer refers to a slave, but to the individual's own body. Such an action can have two meanings or effects on the subject: one in which the action is one of submission to the truth of the other and, therefore, it is a subjectivation in which the power relations that generated it are preserved, and the other in which the action on oneself produces another truth as resistance to the truth of the other as a form of freedom. These would be the heterogeneities and complexities of acting on oneself and, in the sense of the practices of freedom, the importance of the processes of resistance to the truths to which we are subjected.

In terms of the effects of a medical consultation, we can deal with the situation in which the patient either submits to the medical truth and accepts the medical discourse, or, by understanding the use he has made of himself in the course of the emergence of the illness, can create new relationships in the domains of his life. Illness emerges in this context as an experience or experimentation of vital events, in the use they have made of themselves in their existential moments, by not carefully resolving the disturbing situations in their lives based on an aesthetic and ethical way of living that makes them feel good, thus submitting to existential situations that make them servile and chained in their suffering.

It would be in this context that we would try to understand illness as an experience of living, as a way of constituting habits and being predisposed, according to the relationships one lives, especially if inserted in situations of submission or command, or when crossed by agencies in the environment where one lives. For Agambem (2017), this experience of living "is first and foremost the use of oneself: in order to enter into a relationship of use with something, I must be affected, constitute myself as the one who makes use of oneself" (AGAMBEM, 2017, p. 49), whether in the understanding of getting sick or from the perspective of freeing oneself.

He also argues that "just as for Foucault, the subject is not a substance, but a process, so the ethical dimension - the care of the self - has no autonomous substance: it has no other place and no other consistency than the relationship of use between man and the world. Self-care presupposes 'chresis'" (AGAMBEM, 2017,

p. 53), that is, the use of oneself, or in other words, making oneself and one's own body the place where one's becoming takes place, whether in health or illness. "The relationship with oneself is therefore constitutively in the form of a creation of oneself, and there is no other subject except in this process (...) [in which] it is not possible to distinguish between the constituting subject and the constituted subject." (AGAMBEM, 2017, p. 127).

I propose that, in Hahnemann (1996), the understanding of the verb chrestai can be related to self-knowledge and the perception of alterations in oneself based on the effects and sensations perceived as illness, in the modification of previous functions (exacerbation, decrease, intensity), in the emergence of sensations and functions never felt before. These alterations, in the faithful and truthful narrative of the altered sensations and functions perceived in oneself, in one's own language, would be the semiological elements for understanding dynamic and singular illness, as an alteration of the Life Force, in homeopathy: the willingness to understand what use one has made of oneself until then. We make constant and permanent use of our bodies. This manifests itself in vital experiences that are felt and narrated by our psychic perception of ourselves and how we fit into and suffer in existence. This use of ourselves, this use of the "body" means a doing over of ourselves when we suffer disturbances, this is the use of self that we are talking about. And it is in this use of self that we also find the seed of transformation, enabling another disposition, another relationship with living, so as to be able to resignify the way of life that has made you ill.

It is important to emphasize the central role played by words and language in the homeopathic interview. The whole process of self-observation will define the way of perceiving oneself, the description exclusively through the words of the person experiencing the illness, how they feel and speak their feeling, their unique language of what they perceive to be altered in their sensations and functions in their daily life. The patient's words and language will be the beacon for the power and intensity manifested in the subjectivized body. It's not the organs, but the experience of feeling expressed through language about oneself.

This condition of speaking the truth about oneself, in order to be able to act upon oneself in the sense of resistance and freedom, and the free use of the verb chrestai, is related to the writings of Orellana (2004). When discussing the games of truth that appear in Foucault's later writings, through which being is historically constituted as experience and dealing with the theme of parrhesia, he states:

parrhesia means 'to say everything'. 'To speak freely', to exercise a 'freedom of speech'. This ability involves a mixture of skill, virtue, obligation and technique that the individual puts into practice with the purpose of guiding the work of self-care that another companion carries out... Parrhesia, then, presents itself as an original and unique procedure in the field of true ways of living... there is a complete concordance between its word and its action... in the artistic construction of life itself (ORELLANA, 2004, p. 337).

From this perspective, the patient needs to stop, reflect on themselves and open up a space in their life for self-observation, to quieten down the various stimuli of everyday life in order to finally see themselves and be able to narrate themselves in their own language. The patient is then not seen as a homogeneous and universal human being, but as a historical, lived, particular and singular being, the effect of their experiences.

For Larrosa (2002), this is how it looks

> “[the] subject of experience (...) not the subject of knowledge, of judgment, of doing, of power (...) the subject of experience would be something like a territory of passage, something like a sensitive surface that what happens affects in some way, produces some affections, inscribes some marks, leaves some traces, some effects (...) is a point of arrival [not predetermined], the subject of experience is above all a space where events take place” (p. 24).

Thus, falling ill is an experimental process of living in which talking about oneself becomes a central factor in the movements of self-care oriented towards self-government

IV - IN SEARCH OF A MEDICINE FOR SELF-GOVERNMENT

According to Portocarrero, from the 1970s onwards, Foucault

> “elaborates a genealogy of ethics that is an aesthetics of existence, an investigation of the way in which individuals seek to form, through personal choices, ways of life, 'ethos of freedom', in which human life itself is a work, a work of art... [through] an analysis of the way in which men govern themselves and others through the production of truth. [through] an analysis of the way in which men govern themselves and others through the production of truth” (PORTOCARRERO, 2009, p. 227).

Therefore, self-government can be "defined as a set of experiences that modify the subject in order to gain access to the truth with the aim of transforming the subject's very being [as a] care of the self." (PORTOCARRERO, 2009, p.235). In his late phase, Foucault proposed a return to the relationship of self to self, in the context of the power games in which each person is inserted, as a source of resistance and possible transformation, problematizing "the self-formation of the subject... [centered] on the idea of the constitution of the subject. [centered] on the idea of the constitution of oneself as an experience." (PORTOCARRERO, 2009, p. 237).

Through this prism, I reflect on a hypothesis for medical practice that bases its epistemology on a kind of vitalism of self-perception enunciated through self-discourse and reports of individuals' existential movements. This is how homeopathy could be practiced, because its instruments for medical practice make this possible. The doctrine and certain homeopathic practices, by valuing the individual in their vital relationships, can contribute by problematizing the subject who perceives their body, subjectivized by understanding illness around their existential flows, inserted in modal ontologies of their daily practices. Practices generated and contextualized in the challenges imposed by the effects of power/knowledge, in the relationships between doctor and patient, in family relationships and in the relationships that the subject has with themselves, crossed by their existential experiences. I discuss the construction of practices of freedom in medical practice with the patient, aimed at the subject and exercised through the existential movements of each one of us, in the perception and speaking of the crystallized dynamics of singular experiences that hinder the subject in the government of his life, in the potentialities of his becoming. Practices that would open up space for the discussion of a "biology that provides us with renewed foundations for the negativity inherent in the processuality of contingency." (SAFATLE, 2016, p. 283). In other words, a biology based on the processes and uncertainties of the subject's movement from becoming to being. Assimilating uncertainty as an intrinsic factor of any vital activity, in which therapeutic interventions would set in motion possibilities of transformation dependent on the subject himself, on how he will govern his life in his unique aesthetics of living. A biology not essentialized in objective and measurable organic matter, understood as a process lived and reported by the subject, in the conservation of their existential flows that identify them.

In short, it is a question of turning our backs on the existential ontological emptying characteristic of biomedical practices, which use the body in the sense of its disciplinarization and ordering, in practically autonomous and impersonal pathologies, in order to fight for a modal ontology of embodied subjectivity, singular and perceived in the contingencies of each person's vital potency. Vladimir Safatle quotes Canguilhem as saying that "it is not because I am a thinking being, it is not because I am a subject, in the transcendental sense of the term, it is because I am living that I must look to life for the reference of life." (CANGUILHEM (1993) p. 48 apud SAFATLE, 2016, p. 288).

V - FINAL CONSIDERATIONS

In this article, we try to take another look at medical practices. From a historical perspective on the construction of knowledge, we identify hegemonic knowledge and subjected knowledge. By scrutinizing the

history of the relations of knowledge and power in the constitution of medical discourses, we hope to have succeeded in bringing to light a type of medical knowledge that we consider to be "subjected" due to the social and political demands from which the practices in force today originated. We then discuss a different kind of medical knowledge that guides another area of understanding for medical practice, capable of being centered on the care of the subject and oriented towards the work of self-government. This is how we see the possibilities of Homeopathy and its conceptions of illness.

When we discuss this other view of illness, we see the movements of subjectivized bodies living their lives, feeling their existential processes and experiencing their flows, either allowing them or crystallizing them, providing well-being or malaise. A body lived by the subject, which incorporates its existence by thinking about itself and talking about itself, never ceasing to transform itself in the processes of reflection and deliberation it makes of itself, in its relationships with itself and with the world, in the use of its "body" and its "mind", in unison. It would be in this movement, when vital and existential movements crystallize or coagulate, producing suffering, that the subject's illness could emerge. We are constant mutations in the ways and forms of living the life that is preserved within us. If this is the case, in legitimate and ethical self-care, the stories told and lived by subjects as products of the continuous transformation of themselves, we tend to live in health, because subjects configure themselves in malleable psychic spaces lived within the relationships they establish. On the contrary, illness ends up becoming a process that crystallizes experience, coagulates suffering and makes it present on the timeline. In this way, they perceive themselves as suffering and, if they remain that way, the body warns them through illness. This was the discussion we proposed.

And how does one perceive this? It is in the narration of oneself that we move towards the perception of oneself. In this way, each person narrates the singularity of their illness. In this sense, bodily and subjective configurations are always historical, multiple and procedural, established in people's spaces of interaction, in which they experience life, immersed in linguistic modes and forms. The embodied individual "never ceases to be born" (AGAMBEM, 2018, p. 200). Their life stories are always "a reading and re-reading over time. It is never a truth, only the last version that an individual offers of himself" (AGAMBEM, 2018, p.202). There is no established illness, there are simply processes of becoming ill.

Homeopathy can be seen as a practice of doing medicine centered on the speaker, where telling the profound truth of their suffering translates into the patient's own truth. This is a subject who reads himself and speaks of himself as his own singular truth. A subject who is forged in his corporeality in the singular existential trajectory, in the interconnection of all the historical, emotional, existential and relational experiences, in the family or at work, products of the effects of relationships in which he has subjectivized and reacted. It is an approach to illness and the subject based on a conception of health and illness that is ethical with self-perception and self-knowledge, lived as an experience between men in society, generated in it and at the service of human beings, constituted as existential values linked to the subjects who experience it according to their narrative parameters.

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